

The State of Nebraska, Department of Health and Human Services, Office of Economic Assistance, Employment First program has a Workers Compensation Insurance Policy to provide coverage for our Employment First Work Experience and Community Service participants. Our policy is with Travelers Insurance Company through the Nebraska Department of Administrative Services, State Risk Management office, effective August 28, 2001. Effective 7/01/2009 the policy number is **6KUB-9839M511**.

Whenever an EF participant suffers a work-related injury or illness, the work-site must:

1. Immediately, secure appropriate medical treatment for the participant.
 - a. If the injury or illness is acute, the work-site employer should arrange transportation for the participant to the nearest hospital emergency department.
 - b. If the injury or illness is not acute, the work-site employer should refer the participant to his/her physician, initial care clinic or hospital, whichever is medically appropriate.
2. The work-site must immediately contact the participant's EF case manager, and before the participant's shift is over.
3. The work-site along with the EF case manager must gather pertinent facts about the work-related injury or illness and document the incident and actions taken.

The EF case manager must:

1. Complete the Workers' Compensation Telephone Reporting Worksheet attached below.



Workers' Compensation Telephone Reporting Worksheet.pdf

2. Once this has been done, the EF case manager must promptly call to report the claim to Travelers Insurance Telephone Reporting Center at **1-800-832-7839**.
3. Remember, the objective is to report the claim quickly. If needed at that time, the customer service representative can provide you with the name of a convenient Medical Network Provider.
4. When you call the toll-free number provided above, you will be greeted on the telephone by a Travelers Insurance customer service representative who will complete the state-specific Notice of Injury by asking you the necessary questions (general, state-specific, and additional comments and information). The customer service representative will instruct you, the participant, and medical provider on what you will need to do or provide, such as information, procedures, forms, billings, etc.
5. Before you hang up, the customer service representative will give you a claim number that should be retained for the EF case manager's reference and also provided to the ill or injured participant. Please include the claim number with all future correspondence, such as medical bills. Remember that their ADC cash assistance or public assistance payment is not considered a wage or earnings.
6. A copy of the documentation, Workers' Compensation Telephone Reporting Worksheet, and claim number along with copies of any future correspondence must be sent to the TANF unit in Central Office, attn: Dennis Ellis, either by mail, email or Fax: 402.471.9597.

Please Note: This policy only covers work related injuries for participants formally enrolled in the Employment First Work Experience and Community Service component activities. This policy does not cover EF participants enrolled in the Department of Labor's WIA Title I or Vocational Rehabilitation's work experience or similar activities.

Please direct any questions you may have to the TANF Unit in Central Office.

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